

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

490 7590 08/02/2006

VIDAS, ARRETT & STEINKRAUS, P.A.  
 6109 BLUE CIRCLE DRIVE  
 SUITE 2000

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

09/29/2006 RHEBRRI 00080034 220350 0063042

01 FC:1501 1400.00 DA  
 02 FC:1504 300.00 DA

Elizabeth A. Deutsch (Depositor's name)  
*Elizabeth A. Deutsch* (Signature)  
 September 28, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/063,042	03/14/2002	Jason T. Lenz	S63.2-10057	2208

TITLE OF INVENTION: SEGMENTED SPINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEBB, SARAH K	3731	623-001150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 VIDAS, ARRETT &  
 STEINKRAUS, P.A.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston Scientific Scimed, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date September 28, 2006

Typed or printed name Jeremy G. Laabs

Registration No. 53170

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In Re Application of:** Jason T. Lenz  
**Application No.:** 10/063,042  
**Filed:** March 14, 2002  
**For:** SEGMENTED SPINE  
**Examiner:** Sarah K. Webb  
**Group Art Unit:** 3731

**Mail Stop Issue Fee**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Docket No.:** S63.2-10057-US01**FACSIMILE TRANSMITTAL LETTER**

**TO:** Examiner Sarah K. Webb  
**FACSIMILE NO.:** 571-273-2885  
**GROUP ART UNIT:** 3731

**DATE:** September 28, 2006  
**TIME:** 2:32pm

**TOTAL NUMBER OF PAGES** (including cover letter): 4

In addition to this 1 page Facsimile Transmittal Letter, following please find  
Part B - Fee Transmittal in duplicate and a 1 page Fee Address Indication Form.

Please charge the Issue Fee of \$1,400.00 and Publication fee of \$300.00 to  
Deposit Account No. 22-0350. To the extent that any petition is required to consider this  
communication, please treat this as such a petition.

Respectfully Submitted,

VIDAS, ARRETT &amp; STEINKRAUS, P.A.

Date: September 28, 2006

By: 

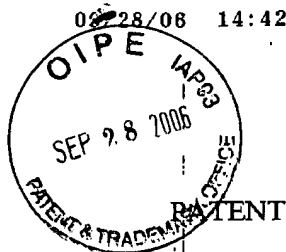
Jeremy G. Laabs  
Reg. No. 53,170

6109 Blue Circle Drive, Suite 2000  
Minnetonka, MN 55343-9185  
Telephone: (952) 563-3000  
Facsimile: (952) 563-3001

**Certificate of Transmission**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and  
Trademark Office, Fax No. 571-273-2885, on September 28, 2006.

Signature:   
Elizabeth A. Deutsch

**FEE ADDRESS INDICATION FORM**

Mail Stop M Correspondence  
Director of the U.S. Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following customer number for the following patents:

**25395**

Patent Number (if known)	Application Number	Patent Date (if known)	U.S. Filing Date
	10/063042		March 14, 2002

Respectfully submitted,

VIDAS, ARRETT & STEINKRAUS

Date: September 28, 2006

By: \_\_\_\_\_

  
Jeremy G. Laabs  
Registration No.: 53170

6109 Blue Circle Drive, Suite 2000  
Minnetonka, MN 55343-9185  
Telephone: (952) 563-3000  
Facsimile: (952) 563-3001

F:\wpwork\jgfl10057us01\_fee\_20060928.doc